

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	06/03/2023 09:04 (SGT)
Reported by	Driver
Date of Accident	03/03/2023 09:25 (SGT)
Exact Location of Accident	21 Pandan Ave, #4, Singapore 609388
Additional Location Information	21 PANDAN AVENUE LEVEL 4 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7197M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE FRUIT CULTURE
Company Reg No	53104676A
Email Address	ace88sg@gmail.com
Mobile Phone No	(Phone) +65-93222968
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124702697-01

DRIVER

Name of Driver	WEE GUO QIANG
NRIC No	S9690005H
Date Of Birth	03/02/1996
Occupation	Outdoor

Date Of Driving Pass	11/08/2016
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91280838
Alt. Phone Number	-
Email Address	guo_qiang08@hotmail.com
Address	BLK 64 LORONG 5 TOA PAYOH
Address complement	#09-360
Postcode	310064
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7542R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WEE GUO QIANG
Gender	Male
Phone No	(Phone) +65-91280838
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MEDICAL LEAVE
Injured person in which vehicle?	GBK7197M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 - The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 - Any false reporting may be referred to the Traffic Police Department for investigation.
 - This report will be forwarded by the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
 - By the submission of this report to the Insurers, you hereby consent to the archiving of this report at the Centre and to copies of the report being made available aforesaid.
 - Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the Insurers' lawyers/law firms, the Monetary Authority of Singapore and all relevant government agency/authorities (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices etc., which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, are/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed to any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by (Accident Centre Personnel) (Name and IC CARD card)



Sketch Plan

Vehicle A: G8K7199M

Vehicle B: GBH7542R

21 PANDAN AVENUE LVL 4

Describe Circumstance of the Accident

REFER TO T/P REPORT T/20230304/7016

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature

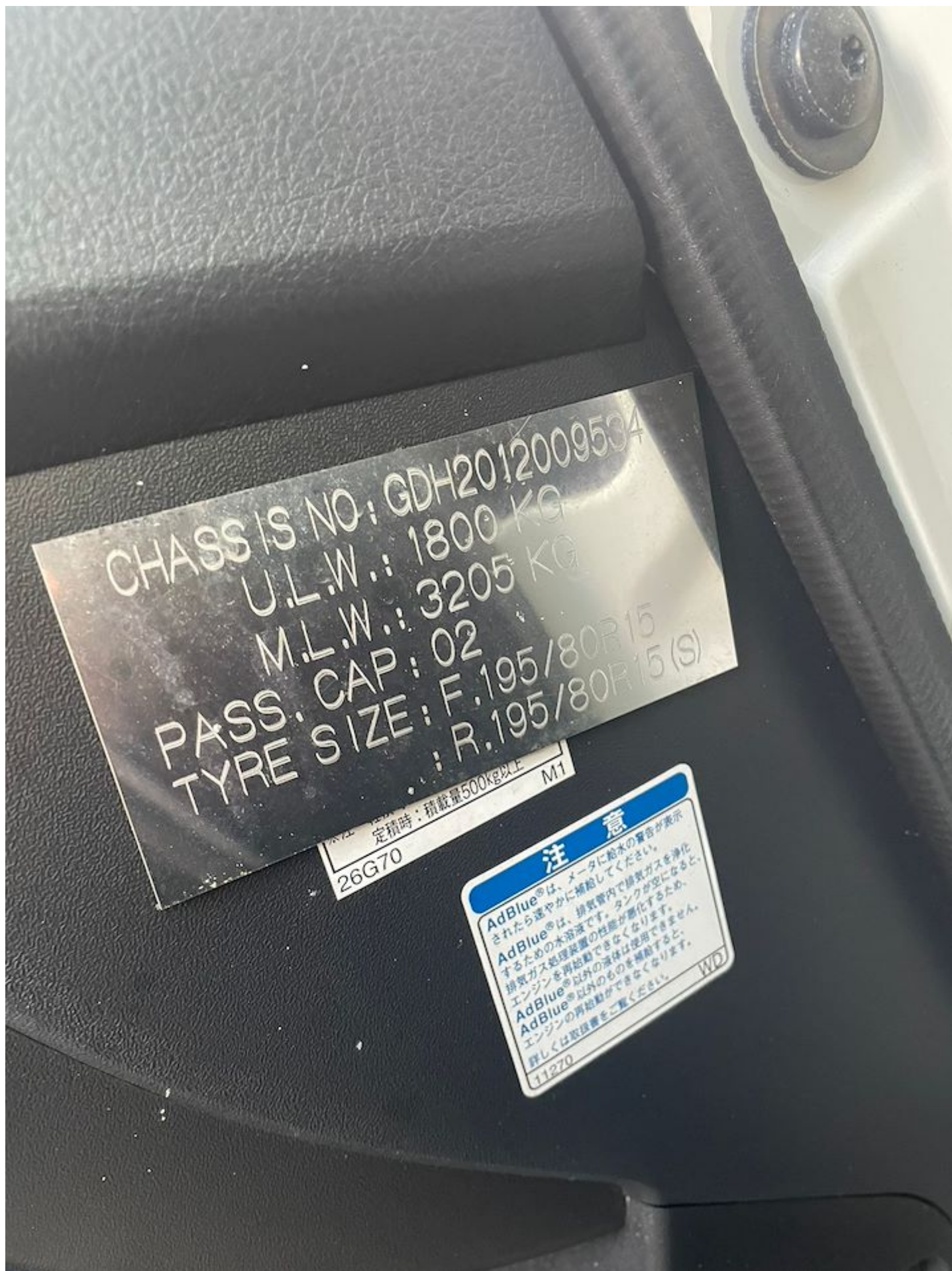
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Driver's Signature (if not the policyholder) / Date & Time

J



Witnessed by Reporting Company Personnel (If not a Reporting Company)



















**SINGAPORE
POLICE FORCE**



T/20230304/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230304/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2023 11:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEE GUO QIANG			Address: 64 LORONG 5 TOA PAYOH #09-360 SINGAPORE 310064		
ID Type / ID No.: NRIC NO / S9690005H			Contact No.: Home/Office: Mobile: 91280833		
Nationality: SINGAPORE CITIZEN			Email: GUO_QIANG08@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 03/02/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2023 09:25	Type of Location: Car Park
Location: PANDAN AVENUE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBH7542R	Van	MERCEDES BENZ	VITO 109 CDI MT LONG	Red	Slightly Damaged	1
GBK7197M	Van	TOYOTA	HIACE	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230304/7016

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230304/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBK7197M	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE GUO QIANG	ID No.	S9690005H
Related Vehicle	GBK7197M (Van)	Contact No.	91280838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	03/03/2023	Date	03/03/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

At the stated date and time, I was travelling straight in the carpark level 4 Road direction was in my favour and vehicle B was on the other lane goin against the specified road direction. Suddenly vehicle B swerve right and left and collided onto the right portion of my vehicle. At that point, the driver and around 15 of his colleagues suddenly rushed out and was very confrontational. I was not able to get the particulars of the driver. There is video evidence which i could not upload. The accident video can be provided.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230304/7016

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Report No. T/20230304/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/03/2023 11:27

Classification Of Case:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1957 (MALAYSIA)

Certificate Number : S124702697-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle
 Chassis Number

GBK7197M

G7JH20120095 34

2. Name of Policyholder

ACE FRUIT CULTURE

3. Effective Date of Insurance

09 Dec 2022

4. Expiry Date of Insurance

08 Dec 2023

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover:

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except for towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 9 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : ABS FINANCIAL PTE. LTD.

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agency : ASSURE (SINGAPORE) PTE. LTD. (06000615327)

Date of Issue : 09 Dec 2022 16:35 hrs

For INCOME INSURANCE LIMITED

Chief Executive